## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000045739 (6) DOCUMENT #

**FILED** Feb 09 1998 8:00am Secretary of State

R & V ENTERPRISES OF NAPL	ES INC.							
Principal Place of Business	Mailing Address							11
5210 HEMINGWAY CIRCLE 5210 HEMINGWAY CIRCLE								
#2302 #2302								
NAPLES FL 34116 NAPLES FL 33963					DO NOT WRITE IN THIS SPACE			
US US				3. Date Incorporated or Qualified				
2. Principal Place of Business	2a. Mailing Address				06/02/1995 4. FEI Number		Applied	Enr
21 26					65-0602158 _	Applied For Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional		
22					5. Certificate of Status Desired		Required	
City & State City & State					6. Election Campaign Financing	\$5.0	00 May E	3e
3 28					Trust Fund Contribution Added to Fees			
Zip Country	Zip	_	untry		8. This corporation owes or has paid the current year Intangible			
24 25	29	30				Yes	☐ No	
9. Name and Address of Cu	ment Hegistered Agent		81	Name	10. Name and Address of New Registered A	gent	<del></del>	
LYRISTAKIS, VICTORIA A				rane				
5210 HEMINGWAY CIRLE			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	s (P.O. Box Number is Not Acceptable)		
#2302			83					
NAPLES FL 34116								
Į			84	City	FL	85 Z	ip Code	-
11 Pursuant to the provisions of Sections 607	0502 and 607,1508, Florida State	utes, the a	bove	-named co		hangin	a its reals	tered
office or registered agent, or both, in the S	tate of Florida. Such change was	authorize	d by	the corpor	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	intment	as registe	ered
	Dilgations of Section 607.0505, F	riorida Sia	lutes	i <b>,</b>		•		· ]
SIGNATURE Signature, typed or printed name of registere	d agent and title if applicable. (NC	OTE: Registere	d Age	nt signature req	uired when reinstating) DATE			<u> </u>
12. OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT		
TITLE PVTS	☐ DELETE	1.1 Ti	TLE		[	Chang	je 🗀 A	ddition E
NAME VICTORIA A. LYRISTAKIS		1.2 N	AME					2
STREET ADDRESS 628 102ND AVE., N.		1.3 S	TREET	ADDRESS				100
CITY-ST-ZIP NAPLES FL			!TY-\$1	Γ-ZIP	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	
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NAME		6.2 N	AME					[
STREET ADDRESS		6.3 S	TREET	ADDRESS				ļ
CITY-ST-ZIP			ITY-ST		. —			
14. I hereby certify that the information supplied indicated on this annual report or supplem	d with this filing does not qualify ental annual report is true and ar	tor the exi ccurate an	empt d tha	tion stated i at my signa	in Section 119.07(3)(i), Fiorida Statutes. I further cer ture shall have the same legal effect as if made und	iny that er oath;	ine inform , that I am	an

indicated on this awards report or supplemental armost report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.